

RELINQUISHMENT (Presumed Father Denies He is the Birth Father)

I, _____, being presumed by law to be the father of _____, a minor
NAME OF PRESUMED FATHER NAME OF CHILD
_____, child born _____ at _____, _____,
SEX DATE CITY STATE

declare I am not the birth father and do hereby relinquish and surrender the child for adoption to the

_____,
AGENCY NAME

AGENCY ADDRESS TELEPHONE NUMBER

an organization licensed by the Department of Social Services of the State of California or authorized by Welfare and Institutions Code Section 16130 to find homes for children and to place children in homes for adoption. I understand that when this relinquishment is filed with the State Department of Social Services -- Adoptions Branch by the agency, all my rights to the custody, services and earnings of the child and any responsibility for the care and support of the child will be terminated. I declare that I am not the birth father of the child and am executing this relinquishment to adoption solely for the purpose of promoting the welfare of the child by facilitating the child's placement for adoption.

Date _____

SIGNATURE OF PRESUMED FATHER

Signed and dated in the presence of :

SIGNATURE OF WITNESS

SIGNATURE OF WITNESS

STATE OF CALIFORNIA

County of _____

} ss.

On this _____ day of _____, 19 _____, before me, _____,
_____, an authorized official of the _____

_____ an organization licensed by the Department of Social Services of the State of California or authorized by Welfare and Institutions Code Section 16130 to find homes for children and to place children in homes for adoption, personally appeared _____ known to me to be the person whose name is subscribed to this relinquishment and acknowledged to me that he executed this relinquishment.

AUTHORIZED AGENCY OFFICIAL

TITLE